PTO/SB/17 (10-08)
Approved for use through 08/30/2010. OMB 0851-0032
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| | o leapond to a concern | Complete if Known | | | | | |
|--|------------------------|------------------------------|----------------------------|------------|--------------------------|--------------------|----|
| Effective Fees pursuant to the Consolidate | Application Nun | | 10/747,949-Conf. #6947 | | | | |
| FEE TRA | Filing Date | | December 31, 2003 | | | | |
| | First Named Inv | entor S | Seok Hwa JEONG | | | | |
| For FY 2009 | | | Examiner Name | | | er | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | | | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) 180.00 | Attorney Docket No. 0 | | 0465-1116P | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee | | | | | | | |
| x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILI | | EARCH FEES | EXAMIN | ATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) Fee | Small Entity (\$) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$ | . |
| Utility | 330 | 165 54 | | 220 | 110 | | |
| Design | 220 | 110 10 | 50 | 140 | 70 | | |
| Plant | 220 | 110 33 | 165 | 170 | 85 | | |
| Reissue | 330 | 165 54 | 270 | 650 | 325 | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | |
| Fee Description Each claim over 20 (including Reissues) | | | | | | Fee (\$) Fee 52 | 26 |
| Each independent claim over 3 (including Reissues) | | | | | | 220 1 | 10 |
| Multiple dependent claims 390 195 | | | | | | | |
| Total Claims Ext | Fee Paid (\$) | M | ultiple Depende | ent Claims | - 1 | | |
| 35 - 43 or HP x = Fee (\$) Fee Pa HP = highest number of total claims peld for, if greater than 20. | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | |
| 3 -3 or HP = x = | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR.1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filling surcharge): 1806 Submission of an Information Disclosure Statement 180.00 | | | | | | | |
| SUBMITTED BY A A A | | | | | | | |
| Signature Registration No. (Attorney/Agent) 42,325 Telephone (703) 205-8000 | | | | | | | 0 |
| Name (Print/Type) David A. Bilodeau Da | | | | | | February 23, 20 | 10 |
| | | | | | | | _ |